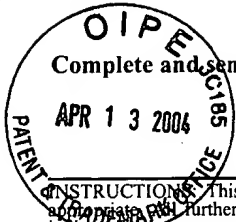


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20999 7590 02/24/2004

FROMMER LAWRENCE & HAUG
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NEW YORK, NY 10151

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Mailed Via	(Depositor's name)
Express Mail	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/975,812	10/11/2001	Gavril Pasternak	830010-2002.2	9302

TITLE OF INVENTION: TOPICAL ANESTHETIC/OPIOID FORMULATIONS AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CRIARES, THEODORE J	1617	514-282000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Frommer, Lawrence & Haug LLP
 2. William F. Lawrence
 3. Amy Leahy

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

*PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Memorial Sloan-Kettering
Cancer Center

New York, New York 10021

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0320 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Amy Leahy (Date) April 12, 2004

04/15/2004 HLE444 00000004 09975812

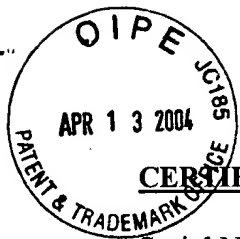
01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

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CERTIFICATE OF MAILING

Issue Fee Due

Publication Fee

Serial No. : 09/975,812
Attorney Docket : 830010-2002.2
First Named Inventor : Pasternak et al

May 24, 2004

\$300.00

I hereby certify that the Issue Fee and Publication Fee payment, and the Issue Fee transmittal for the above-referenced application are deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on April 13, 2004 via "Express Mail #EV 385416937 US and addressed to: Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Saddam Ahmed
(Typed name of person mailing paper or fee)

S. Ahmed
Signature

April 13, 2004

Date